

Patent
Old Attorney's Docket No. 040070-244
New Attorney's Docket No. 0119-016

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

**RECEIVED
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JAN 31 2005**

| | | |
|-----------------------------|---|------------------------|
| In re Patent Application of |) | |
| |) | |
| Kjell GUSTAFSSON et al. |) | Group Art Unit: 2686 |
| |) | |
| Application No.: 09/348,494 |) | Examiner: Nghi H LY |
| |) | |
| Filed: July 7, 1999 |) | Confirmation No.: 5321 |
| |) | |
| For: CONTROLLED ANTENNA |) | |
| DIVERSITY |) | |

FACSIMILE COVER SHEET

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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Date of Transmission: January 31, 2005

The Communication includes:

Transmittal Form (PTO/SB/21);
Petition for Three-month extension of time (in duplicate);
Fee Transmittal for FY 2005 (PTO/SB/17) for IDS fees (in duplicate);
Credit Card Payment Form (PTO-2038) (in duplicate);
Information Disclosure Statement with SB08 form;
Amendment in response to Office Action mailed on August 10, 2004;
Power of Attorney to Prosecute Applications Before the USPTO;
Statement Under 37 CFR 3.73(b); and
Change of Correspondence Address (PTO/SB/122)

Total number of Pages (including this page): 26

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From: Kenneth B. Leffler
Voice Tel. No.: 703-718-8884

PTO/SB/21 (09-04)

Approved for use through 07/31/2008. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)


Total Number of Pages in This Submission

| | |
|------------------------|--------------------------------|
| Application Number | 09/348,494 |
| Filing Date | July 7, 1999 |
| First Named Inventor | Kjell GUSTAFSSON |
| Art Unit | 2686 |
| Examiner Name | LY, Nghi H |
| Attorney Docket Number | Old: 040070-244; New: 0119-016 |

ENCLOSURES (Check all that apply)


| | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) (Attachments to Amendment) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): |
| Remarks Other Enclosures: - Credit Card Payment Form (PTO-2038) (in duplicate) - Power to Prosecute Applications Before the US PTO - Statement under 37 CFR 3.73(b) - Change of Correspondence Address | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--------------|-------------------------------------------------------------------------------------|----------|--------|
| Firm Name | Potomac Patent Group PLLC (Customer No. 000042015) | | |
| Signature |  | | |
| Printed name | Kenneth B. Leffler | | |
| Date | January 31, 2005 | Reg. No. | 36,075 |

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

| | | | |
|-----------------------|-------------------------------------------------------------------------------------|------|------------------|
| Signature |  | | |
| Typed or printed name | Kenneth B. Leffler | Date | January 31, 2005 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 36 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1460, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/17 (12-04)

Approved for use through 07/31/2006. OMB 0651-0032

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2005☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$180)

Complete if Known

| | |
|----------------------|--------------------------------|
| Application Number | 09/348,494 |
| Filing Date | July 7, 1999 |
| First Named Inventor | Kjell GUSTAFSSON |
| Examiner Name | LY, Nghi H |
| Art Unit | 2686 |
| Attorney Docket No. | Old: 040070-244; New: 0119-016 |

METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 50-2476 Deposit Account Name: Potomac Patent Group PLLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES

| Fee Description | Fee (\$) | Small Entity Fee (\$) |
|---------------------------------------------------------------------------------------------------------|----------|-----------------------|
| Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent | 50 | 25 |
| Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent | 200 | 100 |
| Multiple dependent claims | 360 | 180 |

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)** **Multiple Dependent Claims**

- 20 or HP = _____ x _____ = _____ **Fee (\$)** **Fee Paid (\$)**

HP = highest number of total claims paid for, if greater than 20

Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

- 3 or HP = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets **Extra Sheets** **Number of each additional 50 or fraction thereof** **Fee (\$)** **Fee Paid (\$)**

- 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Submission of an IDS

Fees Paid (\$)

180

SUBMITTED BY

| | | | |
|-------------------|-------------------------------------------------------------------------------------|---------------------------------------------|------------------------|
| Signature |  | Registration No. 36,075 (Attorney/Agent) | Telephone 703 718 8884 |
| Name (Print/Type) | Kenneth B. Lefler | | Date January 31, 2005 |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent